

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

QUARTERLY FINANCIAL REPORTING FORM

Submitted on 5/15/2003 3:28:43 PM

		1
1.	FOR THE QUARTER ENDING:	March 31, 2003
2.	Name:	ACCESS DENTAL PLAN
3.	File Number:(Enter last three digits) 933-0	318
4.	Date Incorporated or Organized:	January 14, 1993
5.	Date Licensed as a HCSP:	December 22, 1993
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	April 1, 1994
8.	Mailing Address:	555 University Avenue, Suite 182, Sacramento, CA 95825
9.	Address of Main Administrative Office:	555 University Avenue, Suite 182, Sacramento, CA 95825
10.	Telephone Number:	(916) 922-5000
11.	HCSP's ID Number:	68-0291842
12.	Principal Location of Books and Records:	555 University Avenue, Suite 182, Sacramento, CA 95825
13.	Plan Contact Person and Phone Number:	Samia Zumount, Esq (916) 563-6035
14.	Financial Reporting Contact Person and Phone Number:	Timothy Benson (916) 563-6085
15.	President:*	Reza Abbaszadeh, DDS
16.	Secretary:*	Thomas Joseph Dooley
17.	Chief Financial Officer:*	Brent Alan Seegmiller
18.	Other Officers:*	Tahereh Abbaszadeh, Treasurer
19.		
20.		
21.		
22.	Directors:*	Mark Steven Tanaka, Chairman
23.		Reza Abbaszadeh, DDS
24.		Thomas Joseph Dooley
25.		Emery Bevington Dowell
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	signature required (please type for valid signature)
33. Secretary	signature required (please type for valid signature)
34. Chief Financial Officer	Brent A Seegmiller signature required (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. Check if this is a revised filing:	<input type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here:	<input type="checkbox"/>

Check My Work.

Version 2002, Revised 7/17/2002

**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

QUARTERLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	Yes <input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="v"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	No <input type="button" value="v"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="v"/>
6.	If "yes", describe:	

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	9,391,306
2. Short-Term Investments	549,329
3. Premiums Receivable - Net	2,231,343
4. Interest Receivable	103,525
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	1,748,170
7. Prepaid Expenses	421,671
8. Secured Affiliate Receivables - Current	1,907,565
9. Unsecured Affiliate Receivables - Current	428,270
10. Aggregate Write-Ins for Current Assets	92,279
11. TOTAL CURRENT ASSETS (Items 1 to 10)	16,873,458
OTHER ASSETS:	
12. Restricted Assets	1,584,751
13. Long-Term Investments	8,523,921
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	87,327
18. TOTAL OTHER ASSETS (Items 12 to 17)	10,195,999
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	703,388
21. Computer Equipment - Net	305,981
22. Leasehold Improvements -Net	332,193
23. Construction in Progress	234,055
24. Software Development Costs	51,914
25. Aggregate Write-Ins for Other Equipment	41,456
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	1,668,987
27. TOTAL ASSETS	28,738,444
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Inventory	71,119
1002. Administrative Fee and Other Receivables	21,160
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	92,279
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Security Deposits	87,327
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	87,327
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501. Vehicles - Net	41,456
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	41,456

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	343,144	XXX	343,144
2. Capitation Payable	8,500	XXX	8,500
3. Claims Payable (Reported)	2,146,222	3,457	2,149,679
4. Incurred But Not Reported Claims	2,433,462	2,987	2,436,449
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	1,446,605	XXX	1,446,605
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	3,278,918	0	3,278,918
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	9,656,851	6,444	9,663,295
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	2,411,566	XXX	2,411,566
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	2,411,566	XXX	2,411,566
19. TOTAL LIABILITIES	12,068,417	6,444	12,074,861
NET WORTH			
20. Common Stock	XXX	XXX	300,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	344,757
23. Contributed Capital	XXX	XXX	0
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	15,944,422
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	74,404
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	16,663,583
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	28,738,444
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Accrued Salaries	1,531,185		1,531,185
1102. Accrued Income Tax Liability	520,290		520,290
1103. Miscellaneous Accrued Liabilities	481,199		481,199
1104. Accrued Broker Commission Liability	377,810		377,810
1198. Summary of remaining write-ins for Item 11 from overflow page	368,434		368,434
1199. TOTALS (Items 1101 thru 1104 plus 1198)	3,278,918	0	3,278,918
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Minority Interest	2,411,566	XXX	2,411,566
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	2,411,566	XXX	2,411,566
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Unrealized Gain on Available for Sale Securities	XXX	XXX	74,404
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	74,404

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	9,563,149	9,563,149
2. Capitation	194,446	194,446
3. Co-payments, COB, Subrogation	708,414	708,414
4. Title XVIII - Medicare		
5. Title XIX - Medicaid	8,415,782	8,415,782
6. Fee-For-Service	4,252,398	4,252,398
7. Point-Of-Service (POS)		
8. Interest	169,865	169,865
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	-150,850	-150,850
11. TOTAL REVENUE (Items 1 to 10)	23,153,204	23,153,204
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	4,025,404	4,025,404
16. Primary Professional Services - Non-Capitated	8,070,953	8,070,953
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	1,873,349	1,873,349
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	817,928	817,928
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	14,787,634	14,787,634
Administration		
25. Compensation	1,254,768	1,254,768
26. Interest Expense	20,061	20,061
27. Occupancy, Depreciation and Amortization	196,269	196,269
28. Management Fees		
29. Marketing	1,774,672	1,774,672
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	1,171,981	1,171,981
32. TOTAL ADMINISTRATION (Items 25 to 31)	4,417,751	4,417,751
33. TOTAL EXPENSES	19,205,385	19,205,385
34. INCOME (LOSS)	3,947,819	3,947,819
35. Extraordinary Item		
36. Provision for Taxes	500,949	500,949
37. NET INCOME (LOSS)	3,446,870	3,446,870
NET WORTH:		
38. Net Worth Beginning of Period	14,634,769	14,634,769
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	3,446,870	3,446,870
46. Dividends to Stockholders	-1,436,346	-1,436,346
47. Aggregate Write-Ins for Changes in Retained Earnings	18,290	18,290
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	16,663,583	16,663,583

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Miscellaneous Revenue	110,729	110,729
1002. Minority Interest in Income of Subsidiary	-261,579	-261,579
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	-150,850	-150,850
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Occupancy, Depreciation and Amortization	393,137	393,137
2302. Supplies	329,047	329,047
2303. Other Medical Miscellaneous Expenses	95,744	95,744
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	817,928	817,928
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Office Expense	461,630	461,630
3102. Professional Fees	142,183	142,183
3103. Taxes, Licenses and Fees (Excluding Income and Payroll Taxes)	339,076	339,076
3104. Bad Debts	86,783	86,783
3105. Other General and Administrative Expenses	142,309	142,309
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	1,171,981	1,171,981
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701. Unrealized Gain on Available for Sale Securities	18,290	18,290
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	18,290	18,290
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	10,043,466	10,043,466
2. Fee-For-Service	4,252,398	4,252,398
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums	8,486,562	8,486,562
5. Investment and Other Revenues	242,001	242,001
6. Co-Payments, COB and Subrogation	708,414	708,414
7. Medical and Hospital Expenses	-14,812,388	-14,812,388
8. Administration Expenses	-4,553,639	-4,553,639
9. Federal Income Taxes Paid	-94,659	-94,659
10. Interest Paid	-20,061	-20,061
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	4,252,094	4,252,094
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments	2,104,060	2,104,060
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments	-2,236,820	-2,236,820
17. Payments for Property, Plant and Equipment	-294,583	-294,583
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-427,343	-427,343
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid	-1,436,346	-1,436,346
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-1,436,346	-1,436,346
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	2,388,405	2,388,405
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	7,002,901	7,002,901
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	9,391,306	9,391,306
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	3,446,870	3,446,870
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	119,797	119,797
32. Decrease (Increase) in Receivables	-312,518	-312,518
33. Decrease (Increase) in Prepaid Expenses	-107,627	-107,627
34. Decrease (Increase) in Affiliate Receivables	-30,802	-30,802
35. Increase (Decrease) in Accounts Payable	-21,595	-21,595
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	165,864	165,864
37. Increase (Decrease) in Unearned Premium	427,809	427,809
38. Aggregate Write-Ins for Adjustments to Net Income	564,296	564,296
39. TOTAL ADJUSTMENTS (Items 31 through 38)	805,224	805,224
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	4,252,094	4,252,094
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Minority Income	261,579	261,579
3802. Accrued Salaries	119,638	119,638
3803. Accrued Income Taxes, Premium Taxes and Miscellaneous Other Liabilities	183,079	183,079
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	564,296	564,296

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

	1	2
	Current Period	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES:		
1. Net Income (Loss)	3,446,870	3,446,870
ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED)		
BY OPERATING ACTIVITIES:		
2. Depreciation and Amortization		
3. Unrealized Gains/Losses on Equity Securities		
4. Gain/Loss on Sale of Assets		
5. Deferred Income Taxes		
CHANGE IN OPERATING ASSETS AND LIABILITIES		
(Increase) Decrease in Operating Assets:		
6. Receivables		
7. Prepaid Expenses		
8. Affiliate Receivables		
9. Aggregate write-ins for (increase) decrease in operating assets	0	0
Increase (Decrease) in Operating Liabilities:		
10. Trade Accounts Payable		
11. Capitation Payable		
12. Claims Payable and IBNR		
13. Other Medical Liability		
14. Unearned Premiums		
15. Affiliate Payables		
16. Aggregate write-ins for increase (decrease) in operating liabilities	0	0
17. NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES	3,446,870	3,446,870
CASH FLOW FROM INVESTING ACTIVITIES		
18. Proceeds from Restricted Cash and Other Assets		
19. Proceeds from Investments		
20. Proceeds for Sales of Property, Plant, and Equipment		
21. Payments for Restricted Cash and Other Assets		
22. Payments for Investments		
23. Payments for Property, Plant, and Equipment		
24. Aggregate write-ins for cash flow provided by investing activities	0	0
25. NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES	0	0
CASH FLOW FROM FINANCING ACTIVITIES		
26. Proceeds from Paid-in-Capital or Issuance of Stock		
27. Loan Proceeds from Non-Affiliates		
28. Loan Proceeds from Affiliates		
29. Principal Payments on Loans from Non-Affiliates		
30. Principal Payments on Loans from Affiliates		
31. Dividends Paid		
32. Principal Payments under lease obligations		
33. Aggregate write-ins for cash flow provided by financing activities	0	0
34. NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES	0	0
35. NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	3,446,870	3,446,870
36. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER		
37. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	3,446,870	3,446,870

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS		
901.		
902.		
903.		
998. Summary of remaining write-ins for Item 9 from overflow page		
999. TOTALS (Items 901 thru 903 plus 998)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES		
1601.		
1602.		
1603.		
1698. Summary of remaining write-ins for Item 16 from overflow page		
1699. TOTALS (Items 1601 thru 1603 plus 1698)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
2401.		
2402.		
2403.		
2498. Summary of remaining write-ins for Item 24 from overflow page		
2499. TOTALS (Items 2401 thru 2403 plus 2498)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
3301.		
3302.		
3303.		
3398. Summary of remaining write-ins for Item 33 from overflow page		
3399. TOTALS (Items 3301 thru 3303 plus 3398)	0	0

[illegible]

SCHEDULE A-1 (CASH)

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1. N/A for Qtrly Filing		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		0
10. Cash on Hand (Petty Cash)		
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		0

SCHEDULE A-2 RESTRICTED ASSETS

1	2	3
Name of Depository (List all accounts even if closed during period)	Account Number	Balance*
12. Wells Fargo Investments	07-1104016	50,000
13. Wells Fargo Institutional Securities	12660676	1,027,872
14. Citibank	307557	506,879
15.		
16.		
17.		
18.		
19. Total Restricted Assets		1,584,751

* Indicate the Balance Per the HMO's Records

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable

1 Name of Debtor		2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.	N/A for Qtrly Filing				0
2.					0
3.					0
4.					0
5.					0
6.					0
7.					0
8.					0
9.					0
10.					0
11.					0
12.					0
13.					0
14.					0
15.					0
16.					0
17.					0
18.					0
19.					0
20.					0
21.					0
22.					0
23.					0
24.					0
25.					0
26.					0
27.					0
28.					0
29.					0
30.					0
31.					0
32.					0
33.					0
34.					0
35.					0
36.					0
37.					0
38.					0
39.					0
40.					0
41.					0
42.					0
43.					0
44.					0
45.					0
46.					0
47.					0
48.					0
49.					0
50.					0
51.					0
52.					0
53.					0
54.					0
55.	Total - Individual Listed Receivables	0	0	0	0

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE D
HEALTH CARE RECEIVABLES &
AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 10% of gross Receivables

1 Name of Debtor		2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.	None				0
2.					0
3.					0
4.					0
5.					0
6.					0
7.					0
8.					0
9.					0
10.					0
11.					0
12.					0
13.					0
14.					0
15.					0
16.					0
17.					0
18.					0
19.					0
20.					0
21.					0
22.					0
23.					0
24.					0
25.					0
26.					0
27.					0
28.					0
29.					0
30.					0
31.					0
32.					0
33.					0
34.					0
35.					0
36.					0
37.					0
38.					0
39.					0
40.					0
41.					0
42.					0
43.					0
44.					0
45.					0
46.					0
47.					0
48.					0
49.					0
50.					0
51.					0
52.					0
53.					0
54.					0
55.	Total - Individual Listed Receivables	0	0	0	0

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed-Due." Report accounts payable from the initial date of billing or due date under contract.

1 Name of Debtor		2 31-60 Days	3 61-90 Days	4 91-120 Days	5 Over 120 Days	6 Total
1.	N/A					0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
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10.						0
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14.						0
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16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.	Total - Individual Listed Payables	0	0	0	0	0

SCHEDULE G - UNPAID CLAIMS ANALYSIS
SECTION I - CLAIMS UNPAID

Type of Claim	1 Reported Claims in Process of Adjustment	2 Estimated Incurred but Unreported	3 Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			0
2. Physician Claims	2,149,679	2,436,449	4,586,128
3. Referral Claims			0
4. Other Medical			0
5. TOTAL	2,149,679	2,436,449	4,586,128

SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims	N/A	N/A	N/A	N/A	0	N/A
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED*

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11. September 30, 2002	NOT REPORTING DUE TO SPECIALTY PLAN EXCEPTION					0
13. August 31, 2002						0
14. July 31, 2002						0
15. June 30, 2002						0
16. May 31, 2002						0
17. April 30, 2002						0
18. March 31, 2002						0
19. February 28, 2002						0
20. January 31, 2002						0
21.						0
22.						0
23.						0

* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE H - AGING OF ALL CLAIMS

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding.
The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
1.	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
2.	NOT REPORTING DUE TO SPECIALTY PLAN EXCEPTION					0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag
1. September 30, 2002		XXX	0	
2. June 30, 2002			0	
3. March 31, 2002			0	
4. Previous 3 Quarters			0	
5. SEE ATTACHED ACTUARIAL CERTIFICATION			#VALUE!	
6. Previous 5 Quarters			0	
7. Previous 6 Quarters			0	
8. Previous 7 Quarters			0	

* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

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NOTES TO FINANCIAL STATEMENTS	
1.	See Separate Attachment.
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OVERFLOW PAGE FOR WRITE-INS	
1.	Report #1 Part B: Liab. and Net Worth: Details of Write-Ins Aggregated at Item 11 for Current Liab.
2.	1105 Accrued Premium Tax Liability \$ 33,681
3.	1106 Misc. Patient Accounts Liability \$334,753
4.	Total (Items 1105 thru 1106) \$368,434
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STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68

	1	2	3	4	5
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.	Lag Study				
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
2.	Dr. Reza Abbaszadeh	Owner, Office & Director	Commercial Mortgages	2,098,322	1 Yr, 8%, Int only
3.	Various - see notes	Employees / Other	Advances	237,513	Various
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	<u>Donor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Valuation Method</u>	<u>Amount</u>	
7.	None				
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	<u>Creditor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>	
12.	None				
13.					
14.					
15.					
E.	Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:				
16.	Net Equity			\$	16,663,583
17.	Add: Subordinated Debt			\$	0
18.	Less: Receivables from officers, directors, and affiliates			\$	2,335,835
19.	Intangibles			\$	0
20.	Tangible Net Equity (TNE)			\$	14,327,748
21.	Required Tangible Net Equity (See Page 22)			\$	2,021,957
22.	TNE Excess (Deficiency)			\$	12,305,791
F.	Percentage of administrative costs to revenue obtained from subscribers and enrollees:				
23.	Revenue from subscribers and enrollees			\$	7,104,168
24.	Administrative Costs			\$	1,038,957
25.	Percentage				15
26.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:			\$	32,500
27.	Total costs for health care services for the immediately preceding six months:			\$	15,276,412
28.	Percentage				0

G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:		1
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	N/A
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	N/A
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	N/A
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	N/A
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	0
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	0
37. Deposit required (100% of Line 36)	\$	0
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	0
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	N/A
40. Total premium revenue earned	\$	
41. Percentage		#VALUE!
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	N/A
43. Total health care expenditures	\$	
44. Percentage		#VALUE!
45. Point-of-Service Enrollment at end of period		N/A
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		N/A
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		N/A
51. Average Length of Stay for Point of Service enrollees		N/A
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	N/A
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	N/A
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	N/A

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

Full Service Plans		Specialized Plans	
	1		2
A. Minimum TNE Requirement	\$ <u>1,000,000</u>	Minimum TNE Requirement	\$ <u>50,000</u>
B. REVENUES:			
1. 2% of the first \$150 million of annualized premium revenues	\$ <u> </u>	2% of the first \$7.5 million of annualized premium revenue	\$ <u>150,000</u>
Plus		Plus	
2. 1% of annualized premium revenues in excess of \$150 million	\$ <u> </u>	1% of annualized premium revenue in excess of \$7.5 million	\$ <u>651,935</u>
3. Total	\$ <u>0</u>	Total	\$ <u>801,935</u>
C. HEALTHCARE EXPENDITURES:			
4. 8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ <u> </u>	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ <u>600,000</u>
Plus		Plus	
5. 4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$ <u> </u>	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ <u>1,421,957</u>
Plus		Plus	
6. 4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ <u> </u>	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ <u> </u>
7. Total	\$ <u>0</u>	Total	\$ <u>2,021,957</u>
8. Required "TNE" - Greater of "A" "B" or "C"	\$ <u> </u>	Required "TNE" - Greater of "A" "B" or "C"	\$ <u>2,021,957</u>

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

		1
1. Net Equity	\$	16,663,583
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	16,663,583
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	
7. TNE Excess (Deficiency)	\$	16,663,583
ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION (Complete Section I or II):		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
<u>PART A</u>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0
III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING		
14. Multiply Line 5 (above) by 130%	\$	21,662,658
15. Multiply Line 6 (above) by 130%	\$	0
16. Difference (Line 14 - Line 15)	\$	21,662,658
If Line 14 is less than Line 15, then monthly reporting is required		

STATEMENT AS OF 3-31-2003 OF 933-0318 ACCESS DENTAL PLAN

WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ 14,787,634
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	4,025,404
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	0
4. Result	<input type="text" value="0"/>	10,762,230
5. Annualized	<input type="text"/>	43,048,920
6. Reduce to maximum of \$150 million	<input type="text"/>	7,500,000
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ 600,000
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ 43,048,920
9. Less \$150 million	<input type="text"/>	35,548,920
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ 1,421,957
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ 0
13. Total	\$ <input type="text" value="0"/>	\$ 2,021,957

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